

**MILFORD SCHOOL DISTRICT
EMERGENCY INFORMATION/HEALTH FORM**

Please print...

(to be completed by Parent/Guardian)

Name _____ Date of Birth _____
Address _____
Town/State _____ Zip _____ Grade _____
Home Phone# _____

Parent/Guardian

Father _____	Mother _____
Address _____	Address _____
Place of Employment _____	Place of Employment _____
Home# _____ Wk# _____	Home# _____ Wk# _____
Cell# _____	Cell# _____
E-mail address: _____	E-mail address: _____

IN CASE OF EMERGENCY WHERE PARENT/GUARDIAN CANNOT BE REACHED,
PLEASE NOTIFY:

Name of Responsible Person _____ Relationship _____
Address _____
Phone _____

MEDICAL/HEALTH INFORMATION

Name of Insurance Company _____
Policy# _____ Type of Coverage _____
Physician's Name: _____ Phone Number: _____

CONSENT TO PARTICIPATION AND ACKNOWLEDGEMENT OF RISKS

I hereby acknowledge an awareness that participation in the sport of _____ in-
volves a risk of injury, which may include severe injuries possibly involving paralysis, permanent mental
disability, or death, and that these injuries may occur in some instances as a result of unavoidable acci-
dents. I accept these risks in giving consent to participation in _____ during the
_____ season by the undersigned athlete.

PERMISSION TO PROVIDE EMERGENCY TREATMENT

On rare occasions an emergency arises and we are unable to contact the parent/guardian. In order that
no delay occur that may jeopardize the life of the student, the school requests permission from the parent/
guardian to seek emergency treatment.

I hereby grant permission to the Milford School District to administer First Aid, administer epineph-
rine if necessary, secure proper medical treatment and/or hospitalize my son/daughter in case of
emergency, provided they are unable to communicate with me, and according to their best judgment, fur-
ther delay might jeopardize the life of my son/daughter.



Parent/Guardian Signature _____ Date: _____

HEALTH QUESTIONNAIRE FOR SPORTS PARTICIPATION

Please answer each question below. Those marked yes, please explain below to the best of your ability.

Circle One

- | | | |
|--|----|-----|
| 1. Have you ever been in a hospital for an operation or other reason? | NO | YES |
| 2. Do you take any kind of medicine every day? | NO | YES |
| 3. Do you have asthma or allergies (hives, medicine, bee sting?) | NO | YES |
| 4. Are you under a physician's care for any problems now? | NO | YES |
| 5. Have you ever felt dizzy or had chest pains during or after exercise? | NO | YES |
| 6. Do you have a heart murmur or other heart conditions? | NO | YES |
| 7. Have you ever fainted or "blacked out" during exercise? | NO | YES |
| 8. Have you ever had a heat illness such as heat exhaustion or stroke? | NO | YES |
| 9. Have you ever had a concussion or suffered loss of consciousness or memory? | NO | YES |
| 10. Have you ever had a fracture, dislocation, sprain, strain or other injury to
any body part? | NO | YES |
| 11. Do you have any eye problems, wear glasses or contacts? | NO | YES |
| 12. Have you ever been told not to participate in any sport? | NO | YES |

EXPLAIN "YES" ANSWERED QUESTIONS: _____

DATE OF LAST TETANUS BOOSTER: _____

Physical Examination For Sports Participation

Name: _____ Date of Birth: _____ Sex: _____

Medical Problems: _____

Allergies: _____ Medication(s): _____

This young person is going to enter a program of strenuous activity. In addition to a brief assessment of general health, the following specific items should be noted:

DATE OF EXAM: _____

RECOMMENDATION:

ITEM Specially Note	AGE	ITEM Specially Note	HT: Pulse:	WT: B/P:
SKIN ACENE-Herpes-Ath.Foot		ABDOMEN Organomegaly		
MOUTH Caries-Prosthesis		GENITALIA(MALES) Lesions-Testes-Hernia		
EYES-EARS Pupils/Perf.-Dischrg		MUSCULOSKELETAL SCREEN See Guidelines:		
LUNGS AIR ENTRY - Wheezing		TANNER MATURITY Circle one: 1 2 3 4 5		
HEART Murmur-Rhythm-Size		OTHER OBSERVATIONS		

CHECK ONE AND SIGN:

FULL PARTICIPATION APPROVAL

LIMITED: _____

RECOMMENDATIONS

PHYSICIAN'S

SIGNATURE: _____

TODAY'S

DATE: _____

PERIODIC MEDICAL HISTORY UPDATE

DATE

NOTES:
